

DROYLSDEN
URBAN DISTRICT COUNCIL

Annual Report

OF THE

Medical Officer of Health.

1948

J. Tranter & Co., Manchester, 1,



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J. Tranter & Co., Manchester, 1,

URBAN DISTRICT OF DROYLSDEN.

HEALTH COMMITTEE

(As at 31st December, 1948).

Chairman:

R. PENDLEBURY.

Vice-Chairman:

E. JAMISON.

Members:

A. Birch.

F. Boam.

E. Brewster.

G. Dale, J.P.

F. Hilson.

J. Mort.

C. Parker.

W. H. Speakman.

Mrs. B. F. Wignall, C.C.

J. Wild, M.M.

PUBLIC HEALTH STAFF.

Medical Officer of Health:

A. W. LAING, M.B., Ch.B., D.P.H., Dp.Bact.

Resigned August, 1948.

A. S. SIMPSON, M.B., B.S., D.P.H.

Appointed November, 1948.

Sanitary Inspector and Meat and Food Inspector:

JOHN. E. HART, C.R.S.I., M.I.

Clerk:

Miss M. Plumb.

Annual Report of the Medical Officer of Health 1948.

Council Offices,
Droylsden.

TO THE CHAIRMAN AND MEMBERS OF THE
DROYLSDEN URBAN DISTRICT COUNCIL.

Mr. Chairman, Mrs. Wignall and Gentlemen,

I beg to submit to you my Annual Report for the year 1948.

Undoubtedly the most significant event in the health field in 1948 was the coming into force, on 5th July, of the National Health Service Act, 1946. The immediate effect of the Act, so far as you are concerned, is to relieve you of responsibility for immunisation against diphtheria, which with vaccination against smallpox has now become the responsibility of the County Council. Other services provided by the County Council under the Act are noted on Page 11 of the present Report.

Another important landmark of 1948 was the resignation of your Medical Officer of Health, Dr. Laing, who had served

you for over 20 years. Dr. Laing resigned at the end of August, and I commenced duties as his successor on 1st November, 1948.

In the vital statistics, I wish to draw your attention to the unbeatable maternal mortality rate of zero; to the new low record for still births; and to the new low record general death rate. You will notice, however, that both the number of births and the birth rate have dropped very sharply after having maintained a high level throughout and since the war.

The total number of notifications of cases of infectious disease was greater than ever before; this is discussed on page 19. The death from diphtheria of a non-immunised child is a black spot; while the decline in non-respiratory tuberculosis is encouraging.

With regard to the sanitary administration of the district, you will remember that towards the end of the year, you decided to reorganise the Health Department and with that aim in view, you decided to appoint two additional Sanitary Inspectors.

In the field of environmental hygiene, your greatest problem has been, and will continue to be, that of dealing with unfit and defective houses. In normal times the worst of these would have been the subject of demolition orders, but as the acute housing shortage makes this course impossible, they are left standing and give rise to a continuous stream of complaints, with many of which it is in the nature of things impossible to deal satisfactorily.

I am,

Mr. Chairman and Members of the Council,

Your obedient servant,

ALAN. S. SIMPSON,

Medical Officer of Health.

Social Conditions.

The population is almost entirely of an industrial character, being engaged mainly in cotton spinning and weaving, cloth finishing and dyeing, confectionery and manufacture of upholstery; there is also a large number of small retail tradespeople.

Many of the residents, however, follow occupations in Manchester and the adjoining districts.

With the exception of some very old houses and some blocks of houses, the standard of houses generally is fair. The prevailing type is 2—3 bedrooms. Approximately 50 per cent. of the houses have been built since 1932. Most of the remaining houses have no provision for baths, and washing facilities are inadequate. Dampness is a frequent defect among the new houses. There is rapid deterioration of some of the property, both new and old.

The ratio of the estimated population to the number of houses in 1948 is 3.3 persons per house.

General Statistics.

Area	...	...	...	...	...	...	...	...	...	...	1,010 acres
Population—											
At Census, 1931	...	...	...	...	...	...	...	...	...	...	13,270
At June, 1948	...	...	...	...	...	...	...	...	...	...	27,290
Number of Houses—											
At Census, 1931	...	...	...	...	...	...	...	...	...	...	3,280
At end of 1948	...	...	...	...	...	...	...	...	...	...	8,162
General Rate for 1948	...	...	...	...	...	...	...	...	...	17s. 8d. in the £	
Rateable Value	...	...	...	...	...	...	...	...	...	£109,712	
Sum represented by a Penny Rate (estimated)	...	...	...	...	...	...	...	...	...	£440	

Vital Statistics.

To facilitate reference, the statistics are given below without comment. Further information is presented in Tables 1, 2, 3, 4 and 5 in the Appendix. The significance of the figures is considered in the next section.

BIRTHS.

						Males	Females	Total
Legitimate	...	...	...	...	...	222	230	452
Illegitimate	...	...	...	...	...	9	8	17
						<hr/>	<hr/>	<hr/>
						231	238	469
						<hr/>	<hr/>	<hr/>

Birth rate 17.1 per 1,000 population.

STILL BIRTHS.

						Males	Females	Total
Still births	...	...	...	...	...	4	4	8

Rate per 1,000 (live and still births) 16.

DEATHS.

						Males	Females	Total
Deaths	...	...	...	...	...	151	116	267

Death rate 9.7 per 1,000 population.

INFANT DEATHS.

						Males	Females	Total
Legitimate	...	...	...	...	...	12	4	16
Illegitimate	...	...	...	...	...	—	—	—
						<hr/>	<hr/>	<hr/>
						12	4	16
						<hr/>	<hr/>	<hr/>

Infantile Mortality Rate, 34 per 1,000 live births.

Legitimate Infantile Mortality Rate, 35 per 1,000 legitimate live births.

Illegitimate Infantile Mortality Rate, 0 per 1,000 illegitimate live births.

MATERNAL DEATHS.

						Deaths	Rate per 1,000 total (live and still births)
(a)	From Puerperal Sepsis	...	...	...	...	—	0.00
(b)	From other Maternal causes	...	...	...	...	—	0.00

DEATHS FROM SPECIFIC CAUSES.

(a)	From Measles (all ages)	0
(b)	From Whooping Cough (all ages)	3
(c)	From Diarrhœa (under 2 years of age)	3
(d)	From Diphtheria	1
(e)	From Cancer (all ages)	39
	Cancer death rate, 1.42.	
(f)	From Tuberculosis (all forms)	16
	Phthisis death rate, 0.55.	

Notes on Vital Statistics.

(a) **Population.**

According to the Registrar General's estimate, the population of Droylsden has almost doubled in the past 20 years, while the increase on the 1938 population has been 15.1 per cent. This increase in population is not due merely to the "natural increase" (i.e., excess of births over deaths), but must also be accounted for by immigration into the area. In 1948, the natural increase (202 more births than deaths) was lower than it has been since 1939, but the estimated increase in population between June 1947 and June 1948 (2,130) was greater than it has been for 10 years. (See Table 3 in the Appendix.)

(b) **Birth Rate and Death Rate.**

The birth rate, having for some years been higher than that of England and Wales, dropped sharply in 1948 to 17.1, which is lower than the national rate for 1948 (17.9), and the lowest rate in Droylsden for any year since 1935. Here are the figures for the last 10 years:—

							Droylsden Birth Rate	England and Wales Birth Rate
1939	...	...	...	...	...	...	20.5	20.5
1940	...	...	...	...	...	...	20.2	20.2
1941	...	...	...	...	...	...	20.06	20.0
1942	...	...	...	...	...	...	20.97	20.9
1943	...	...	...	...	...	...	21.52	21.5
1944	...	...	...	...	...	...	23.78	17.6
1945	...	...	...	...	...	...	20.8	16.1
1946	...	...	...	...	...	...	21.5	19.1
1947	...	...	...	...	...	...	22.7	20.5
1948	...	...	...	...	...	...	17.1	17.9

The death rate—9.7 per 1,000 population—is a new low record* and compares favourably with the England and Wales rate of 10.8.

(c) Maternal Death Rate.

The maternal death rate is zero. In 1945 there were two maternal deaths, with a maternal death rate of 3.96 per 1,000 total (live and still births); in each of the years 1946 and 1947, there was one, giving death rates of 1.80 and 1.69 respectively.

(d) Still Births and Infant Deaths.

The still births present a very encouraging picture, for both the number (8) and the rate (16 per 1,000 total births), are the lowest on record in the history of the district.

The 16 deaths of infants under 1 year of age give an infant mortality rate of 34 per 1,000 live births, which is the same as that for England and Wales. This falls short of the record year 1947, when the rate was 29 infant deaths per 1,000 live births, but is typical of the relatively low rates which have prevailed during the past 5 years.

*Since 1921 at any rate; in 1930 it was 9.8.

It is noteworthy that more than half of these deaths were of infants in the neonatal period, i.e., in the first four weeks of life. The fact that fewer of the older infants are now being lost, is a testimony to the improving standards of infant care and to the work of the County Health Visitors.

and Welfare Services. But this fact also throws into sharper contrast the problem of the loss of babies under 28 days old (the "hard core" of the infant mortality, as it has been called); and this is linked with the problem of still births, for the factors that in one case lead to a still birth may in another give rise to an infant too feeble to survive more than a few days. One such factor is the existence of incompatibility between the blood of the expectant mother and that of the child she is carrying; such a child may be born heavily jaundiced and may live only a few hours unless a transfusion of the right sort of blood is given soon after birth. Improvements in antenatal care—in particular the routine blood testing of all pregnant women as is now done at the County and Hospital Clinics—may, it is hoped, reduced the neonatal mortality. The allocation of a third midwife to Droylsden (who commenced duty in February, 1949), should also conduce to this end, and together with continued maintenance of a high standard of child care, should be reflected in still further lowering of the infant mortality rate in years to come.

(e) **Deaths from Cancer.**

The number of deaths attributed to cancer (39) is about the average for the last 10 years and the cancer death rate (1.42) has not changed significantly compared with former years.

The causes of death are fully shown in Table 4 in the Appendix, and further comments on deaths from infectious diseases, including tuberculosis, are to be found on page 19 *et seq.*

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS.

There are no hospitals of any type in the area.

- (1) **General.**—Since 5th July, 1948, the Manchester Regional Hospital Board control all the hospitals which might serve the Droylsden area; these include the Manchester General hospitals as well as Monsall Infectious Diseases Hospital. Under the same Regional Board but controlled by the Ashton, Hyde and Glossop Hospital Management Committee, are the two General Hospitals in Ashton-under-Lyne (District Infirmary and Lake Hospital) and the Hyde Infectious Diseases Hospital.

Droylsden residents can and do use both Ashton and Manchester General Hospitals.

- (2) **Infectious Diseases.**—Monsall Hospital continue to take cases from Droylsden, but no charges are now made for this service.
- (3) **Maternity.**—Maternity cases are admitted to the Lake Hospital, Ashton-under-Lyne, or to St. Mary's Hospital, Manchester.
- (4) **Smallpox.**—The Regional Hospital Board would indicate which hospital in their area was to be used for a case of smallpox should it arise.
- (5) **Puerperal Pyrexia.**—Cases requiring hospital treatment are received at Monsall Hospital, Manchester.

Tuberculosis.

The Regional Hospital Board are responsible for the direction and control of the Tuberculosis Dispensaries which prior to 5th July were under the control of Lancashire County Council.

Sanatorium treatment where necessary is provided and the Dispensary is in Lees Street, Ashton-under-Lyne. New cases attend on Tuesdays at 2 p.m. (and on the first Tuesday in the month there is an additional session at 6 p.m.) also on Friday at 10 a.m. A doctor's letter should invariably be presented.

Local Authority Services.

Droylsden is one of the six constituent districts of Health Division No. 17 of the Lancashire County Council who are the Local Authority for the area and provide for the following services in Droylsden:—

1. Maternity and Child Welfare.
2. School Medical Services.
3. Midwifery.
4. Health Visiting.
5. Home Nursing.
6. Vaccination and Immunisation.
7. Ambulance Services.
8. Prevention of Illness, Care and After-care.
9. Domestic Help.
10. Mental Health.
11. Health Education and Propaganda.

The above services are administered by the Lancashire County Council acting through their No. 17 Divisional Health Committee.

The Medical Officer locally responsible for the above Divisional Health Service is:—

Dr. Alan S. Simpson,
 Divisional Medical Officer,
 Divisional Health Offices,
 St. Michael's Square,
 Ashton-under-Lyne.

**Combined School Clinic and Child Welfare Centre,
Fairfield Avenue, Droylsden.**

The only clinic in the area is that in Fairfield Avenue, which is under the control of the Lancashire County Council. It is an all-purpose clinic, meeting school health (including dental), child welfare and ante-natal requirements.

School children should attend for treatment of minor ailments on Thursday mornings (school holidays included); child welfare clinics are held on Tuesday and Thursday afternoons; Ante-natal Clinics on three Mondays out of four, and immunisation and vaccination sessions on certain Fridays. A school dentist is in attendance and cases are seen by appointment; expectant mothers and children below school age also receive dental treatment when necessary.

Midwives.

There are two Lancashire County Council midwives residing and practising in the district, viz.:—

Nurse Waterhouse, 452 Edge Lane, Droylsden.

Phone: DRO 1014.

Nurse Whitehead, 67 Scott Road, Droylsden.

Phone: DRO 1006.

A third County midwife commenced duty in February, 1949:—

Nurse Connolly, 120 Clough Road, Droylsden.

Nursing in the Home.

The Droylsden Sick Nursing Association (Market Street, Droylsden—Phone DRO 1622), employs two whole-time nurses, Mrs. Maddon and Miss Holt, for the visitation of the sick, but there are no arrangements for the nursing of infectious diseases, e.g., measles, in the home.

Ambulance Service.

Headquarters: Lord Street Garage, Ashton-under-Lyne.

Telephone No.: ASH 2297/8.

It is proposed to set up a sub-station in Droylsden in the near future.

Day Nurseries.

There are two Day Nurseries in the area at present, viz.:—

1. Droylsden No. 1, The Square, Fairfield.
2. Droylsden No. 2, Lewis Road.

Two more are in the process of being built, viz.:—

3. Droylsden No. 3, Greenside Lane.
4. Droylsden No. 4, Fold Street.

SANITARY CIRCUMSTANCES OF DISTRICT.

Water.

The water supply is derived from the service mains of the Manchester Corporation and there is a constant supply of water of excellent quality.

Sewerage.

Manchester Corporation took over Droylsden's sewerage in June, 1939. With the exception of 20 houses which were built in 1938 below the existing sewer level and necessitated the provision of a cesspool, sewage is treated by the Manchester Corporation at Davyhulme.

Closet Accommodation.

Droylsden is, with the exception of five pail closets, a 100 per cent. water-closet town. Further, the old obsolete type of fixed midden and ashpit for refuse at the rear of houses has been totally superseded by the provision of receptacles of the portable type, and now all the bins in the district are metal ashbins.

The District Council supply new galvanised metal ashbins and covers on request to owners of property at a small margin over the cost price, and this service is greatly appreciated. During the past year new ashbins have been supplied to 700 houses.

Refuse Removal and Disposal.

3,647 loads of dry refuse were collected. Up to the

beginning of the war, all refuse was incinerated at the destructor, which was running three shifts. Since then, the destructor has been running with only one shift on account of economic considerations, the consequence of which is that less than one-third of the refuse has been burnt, the remainder being tipped.

The recommended alterations to the destructor would enable it to cope with all Droylsden's refuse, running two shifts. This would reduce the probability of insect infestation to a minimum, during a spell of hot weather.

There are five tips in Droylsden at: Diamond Hall Farm, Lewis Road, Haddon Hall Road with Alderdale Drive, Medlock Street and Fraternitas Terrace, Greenside Lane. The last three are privately owned.

Scavenging of Roads and Streets.

The scavenging of roads and streets in the district is carried out by the Surveyor and is not under the control of the Sanitary Department.

There are over 250 highways, streets and passages in Droylsden.

A third of these are "unadopted." Few of the "unadopted" streets are cleansed.

Notices Served.

Legal Notices Issued	...	...	...	...	...	...	...	...	170
Letter or Informal Notices Issued	...	...	...	...	...	...	...	...	273
Notices sent to Schools re Infectious Diseases	...	...	...	...	...	...	...	...	40

Smoke Abatement.

Twenty-two observations have been taken during the year and stokers have been interviewed and advice given on the best methods of avoiding excessive smoke.

Swimming Baths and Pools.

There are no public or privately owned baths in the area.

Schools.

The sanitary conditions and water supply of the day

schools is generally good. It has not been found necessary during the year to close any schools for the purpose of checking the spread of infectious disease.

Eradication of Bed Bugs.

One house has been fumigated with hydro-cyanic acid gas by a firm in Manchester, and 22 premises (including schools and civic restaurant), have been disinfected for bugs, wood louse, etc.

HOUSING STATISTICS FOR THE YEAR 1948.

1.—Inspection of dwelling-houses during the year:—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	432
(b) Number of inspections made for the purpose	540
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	Nil
(b) Number of inspections made for the purpose	Nil
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	4
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	Nil

2.—Remedy of defects during the year without Service of formal Notices:—

Number of dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	27
--	----

3.—Action under Statutory Powers during the year:—

A.—Proceedings under Sections 9, 10 and 16 of the

Housing Act, 1936:—

- | | |
|--|---|
| (1) Number of dwelling-houses in respect of which Notices were served requiring repair ... | 4 |
| (2) Number of dwelling-houses which were rendered fit after service of formal Notices:— | |
| (a) By owners | 2 |
| (b) By Local Authorities in default of owners | 2 |

B.—Proceedings under the Public Health Acts:—

- | | |
|---|-----|
| (1) Number of dwelling-houses in respect of which Notices were served requiring defects to be remedied | 166 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal Notices | |
| (a) By owners | 163 |
| (b) By Local Authority in default of owners | 3 |

C.—Proceedings under Section 11 and 13 of the Housing Act, 1936:—

- | | |
|--|-----|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | Nil |
|--|-----|

D.—Proceedings under Section 12 of the Housing Act, 1936:—

- | | |
|---|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | Nil |
|---|-----|

FACTORIES ACT, 1937.

Part 1 of the Act.

1.—INSPECTIONS for the purpose of provisions as to health (including inspections made by Sanitary Inspectors).

	Number of			
	No. on Inspec- Register	tions	Written Notices	Occu- piers prose- cuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	—	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	24	124	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	—	—	—	—
TOTAL	24	124	3	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

	Number of cases	
	Found	Remedied
Want of cleanliness (S.1)	3	3
Overcrowding (S.2)	—	—
Unreasonable temperature (S.3)	2	2
Inadequate ventilation (S.4)	2	2
Ineffective drainage of floors (S.6)	1	1
Sanitary Conveniences (S.7)		
(a) Insufficient	16	2
(b) Unsuitable or defective	2	2
(c) Not separate for sexes	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—
TOTAL	26	12

OUTWORK.**(Section 110).**

	No. of out-workers. List required by Sect. 110 (1) (c) in August
Wearing apparel—Making, etc.	46

INSPECTION AND SUPERVISION OF FOOD.**Milk Supply.**

There are 20 registered retail purveyors of milk other than cowkeepers, and 3 dairies.

There is one firm licensed to produce Pasteurised milk.

Tuberculosis in Milk.

During the year two samples of milk were submitted by the Droylsden Urban District Council for the presence of tubercle bacilli. Both proved negative. In addition 52 samples were taken for cleanliness tests by the Droylsden Urban District Council and 26 were taken by the County Council. Of these 78 samples, 9 were unsatisfactory.

Meat Shops and Slaughterhouses.

There are 23 retail meat shops and 2 slaughterhouses in Droylsden, but there is no slaughtering taking place in the district at the present time.

During the year 59 lb. of tongue and 16 lb. of lamb were destroyed as unwholesome and unfit for food.

Bakehouses.

At the end of 1938, there were 38 bakehouses on the register, and these have been found to be well kept, clean and in good structural condition.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASE.

(See Table 5 in Appendix.)

The total number of cases of infectious diseases notified (643) is somewhat higher than in the previous year (602), and is in fact the greatest number on record for any one year.

This increase in the number of notifications may indicate a real increase in the prevalence of infectious diseases, which might in turn be attributed to the degree of overcrowding which is experienced in the district; it may, on the other hand, be accounted for by more artificial factors, e.g. (a) The fee paid to doctors in private practice for the notification of cases of measles and whooping cough was increased from 1s. to 2s. 6d. from 1st April, 1948; and (b) the National Health Service has provided free medical attention since 5th July, 1948, and it is possible that the doctor is now being called in in cases of infectious diseases more frequently than was the case in former years. The effect of both these factors would be to make for more efficient notification.

Scarlet fever showed an increase; the number of cases notified was 61 as against 51 in 1947.

Measles was about as prevalent in 1948 as in 1947; this is a little unexpected, for this disease usually tends to be prevalent every second year; with 437 cases in 1947, one would therefore have expected in 1948 far fewer than the 432 cases that were notified.

The increase on last year's notifications, however, is most noticeable in the case of whooping cough (93 cases in 1948 compared with 58 in 1947). There were three deaths. The prevention of this severe and prevalent infection of childhood is a problem to which medical science has now been applied, and already in some areas, schemes of preventive inoculation have been put into operation on an experimental basis; but reports of preliminary trials have not yet been sufficiently unequivocal to justify propaganda in favour of preventive inoculation against whooping cough.

With immunisation against diphtheria the case is far otherwise; for statistics have abundantly shown that the immunised child is 26 times safer than the child who has not been immunised. In the case of the Droylsden figures it is particularly gratifying to note the downward trend in the number of cases of diphtheria each year as immunisation has gained ground. Compared with 70 cases in 1939, the figures for recent years make a striking contrast:—

1945	11 cases	10 not immunised	1 death (non-immunised).
1946	5 cases	3 not immunised	0 deaths.
1947	2 cases	both not immunised	0 deaths.
1948	2 cases	1 not immunised	1 death (non-immunised).

That one of the two cases which occurred in 1948 should have been fatal is a grim reminder of the seriousness of the disease.

The danger to-day is that parents, being less familiar with the disease now than they were when it was more prevalent, may become indifferent to immunisation, the principal factor which has so dramatically brought the disease under control in the years since 1941 when it was first officially sponsored by the Ministry of Health.

Attention is accordingly directed to the following points:—

(a) "Eight months old is usually the best time to seek advice." This slogan has been adopted in national publicity material because it is realised that a child is definitely susceptible to diphtheria by 11 or 12 months of age, so that the aim should be to have the course of injections completed by then.

(b) The importance of the single reinforcing or "boosting" injection given to those children who were immunised a number of years ago. It is particularly desirable that such an injection should be given to new school entrants, both because the protection given by the early injections tends to wane gradually, and cannot be relied upon after about four years, and also because there is an increased risk of exposure to infection when the child begins to attend school.

Immunisation is carried out at the County Council Clinic in Fairfield Avenue on certain Fridays, at 9-30 a.m. During the period from 1st January to 4th July, 160 pre-school children and 21 school children completed the course of immunisation.

As noted elsewhere in this Report, immunisation has now passed out of the hands of the Urban District Council, and is administratively a responsibility of the County Council. Nevertheless, Members of the Council as individuals owe it the public to use their influence to see to it that this modern means of preventing a serious disease is not neglected.

Disinfection.

During the year 112 premises were disinfected by the Council as follows:—Tuberculosis 41, Scarlet Fever 65, and Diphtheria (suspected) 6. A steam disinfector (Manlove-Alliot's patent) is installed at the Destructor Works.

Nine cases of scarlet fever, 5 cases of suspected diphtheria, 1 case of whooping cough, 2 cases of measles and 1 case of cerebro-spinal fever, were removed to the Hospital for Infectious Diseases for treatment.

The following pathological specimens were submitted to the Manchester Public Health Laboratory for examination:—13 throat and nose swabs for diphtheria. In addition, 1 throat and nose swab for diphtheria and 20 for sputum were examined at the Pathological Laboratory of the District Infirmary, Ashton-under-Lyne.

Tuberculosis.

The following table gives particulars of new cases of tuberculosis and of deaths from the disease in the area during 1948:—

Age Periods Years		New Cases				Deaths			
		Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
		M.	F.	M.	F.	M.	F.	M.	F.
0—	.....	—	—	—	—	—	—	—	—
1—	.....	1	—	1	—	—	—	—	—
5—	.....	1	1	—	—	—	1	—	—
10—	.....	—	—	—	—	—	—	—	—
15—	.....	3	5	—	—	—	1	—	—
20—	.....	2	3	—	1	—	1	—	—
25—	.....	4	3	2	—	1	—	—	—
35—	.....	2	—	—	—	3	—	—	—
45—	.....	5	—	—	1	3	—	—	—
55—	.....	3	1	—	1	3	1	—	—
65 and upwards	...	1	—	—	—	1	—	—	1
Totals	.....	22	13	3	3	11	4	—	1
		35		6		15		1	

This table has appeared regularly in previous Annual Reports of the Medical Officer of Health, and it is interesting to summate the tables in five-year periods over the past 15 years in order to illustrate the trends of the statistics:—

		New Cases		Deaths	
		Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1934-38—	.....	119	63	60	16
1939-43—	.....	133	46	63	18
1944-48—	.....	151	37	74	5

It will be noted at once that while both the number of new cases of non-respiratory tuberculosis and the number of deaths from this cause are decreasing, the trend of the respiratory tuberculosis figures is the other way, i.e., on the upgrade. This increase is, however, less significant than it

appears at first sight, for the rapid increase in population may overshadow the increase in the numbers both of new cases and of deaths. The possibility of more accurate diagnosis should also be borne in mind particularly when trying to assess the significance of the increase in the number of new cases.

Notification of tuberculosis by medical practitioners is carried out with promptness.

On the receipt of notification of cases of tuberculosis, particulars are transmitted through the County Medical Officer of Health to the Consultant Tuberculosis Officer, at Ashton-under-Lyne, who arranges for the domiciliary, dispensary, sanatorium or pulmonary hospital treatment of the patients.

During the year, environmental reports were received relating to 41 houses.

Importance is attached to the disinfection of the homes of tuberculosis subjects, and this is performed at every available opportunity.

Arrangements are also in force whereby notification is received from the County Council of the proposed admission of a patient into Sanatorium or Pulmonary Hospital, and from the Registrar of Deaths on the registration of a death from tuberculosis, and in each of these cases thorough disinfection of the premises is carried out.

During the year, 41 houses were disinfected after tuberculosis.

No action was necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, relating to tuberculous employees in the milk trade and no compensation has been paid.

APPENDIX.

TABLE 1. VITAL STATISTICS.

Population For Birth Rate For Death Rates 27,290	Per 1,000 of estimated population			Maternal Mortality Rate		
	Live Birth Rate	Crude Death Rate	Death Rate from Tuber- culosis of Respiratory System	Death Rate from Cancer	Per 1,000 Rates of deaths Total under one year (Live and per 1,000 Still) Births Live Births	
					Per 1,000 Live Births	Per 1,000 Live Births
Mean of 5 years—1943-47	22.0	10.8	0.57	1.69	1.53	1.49
Year—1947	22.7	11.2	0.79	1.90	1.74	1.69
Year—1948	17.1	9.7	0.54	1.42	Nil	Nil
Increase or decrease in 1948 on 5 years' average, 1943-1947 ...	-4.9	-1.1	-0.03	-0.27	-1.53	-1.49
Previous Year	-5.6	-1.5	-0.25	-0.48	-1.74	-1.69
						+5

TABLE 2.

**Vital Statistics of Whole District During 1948 and
10 Previous Years**

Year	Population estimated to middle of each year	Births		Net Deaths belonging to the District			
		Num- ber	Rate	Under 1 year of age		At all ages	
				Num- ber	Rate per 1,000 net Births	Num- ber	Rate
1	2	3	4	5	6	7	8
1938	23,710	466	19.6	32	68	286	13.5
1939	24,940	512	20.5	42	48	272	10.8
1940	25,160	510	20.2	21	41	296	11.7
1941	24,970	501	20.06	25	49	283	11.30
1942	24,460	513	20.97	40	77	264	10.79
1943	24,160	520	21.52	31	57	267	11.05
1944	24,070	573	23.78	18	31	248	10.3
1945	23,620	492	20.8	16	32	273	11.5
1946	24,800	535	21.5	21	39	250	10.0
1947	25,160	572	22.7	17	29	284	11.2
1948	27,290	469	17.1	16	34	267	9.7

TABLE 3

YEARLY CHANGES IN POPULATION, 1938-48

Column 1		Column 2		Column 3
1938	.....	166	.....	+ 2,220
1939	.....	180	.....	+ 1,230
1940	.....	214	.....	+ 220
1941	.....	218	.....	- 190
1942	.....	249	.....	- 510
1943	.....	253	.....	- 300
1944	.....	325	.....	- 90
1945	.....	219	.....	- 450
1946	.....	285	.....	+ 1,180
1947	.....	288	.....	+ 360
1948	.....	202	.....	+ 2,130
Total (11 years) ...		<hr/> 2,599	.....	<hr/>+ 5,800

Column 1 = Year.

Column 2 = The "Natural Increase," i.e., the excess of births over deaths during the calendar year.

Column 3 = Increase or decrease on previous year's estimated total population (population being estimated to middle of each year).

TABLE 4 CAUSES OF DEATH

	Males Females	
Diphtheria	1 ...	—
Whooping Cough	2 ...	1
Tuberculosis of Respiratory System	11 ...	4
Other forms of Tuberculosis	— ...	1
Syphilitic Diseases	— ...	1
Influenza	— ...	1
Cancer of buc: cav: and œsoph; (M) Uterus (F)	2 ...	4
Cancer of stomach and duodenum	3 ...	1
Cancer of breast	— ...	3
Cancer of all other sites	21 ...	5
Diabetes	3 ...	—
Intracranial vascular lesions	9 ...	10
Heart disease	36 ...	35
Other diseases of the circ. system	6 ...	10
Bronchitis	16 ...	5
Pneumonia	4 ...	—
Other resp. diseases	2 ...	1
Ulcer of stomach or duodenum	2 ...	1
Diarrhœa (under 2 years)	2 ...	1
Appendicitis	— ...	—
Other digv. diseases	2 ...	5
Nephritis	7 ...	6
Puer: and Post-abortion: Sepsis	— ...	—
Other maternal causes	— ...	—
Premature birth	5 ...	2
Con: mal: birth inj: infant: dis.	4 ...	1
Road traffic accidents	— ...	1
Other violent causes	3 ...	1
Suicide	1 ...	3
All other causes	9 ...	13
	<hr/>	<hr/>
	151	116
	<hr/>	<hr/>

Total ... 267

TABLE 5.

This Table shows the number of cases of Infectious Diseases notified after corrections during the last 10 years:—

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Diphtheria	70	21	36	10	18	9	11	5	2	2
Erysipelas	3	4	2	1	2	3	6	3	1	1
Scarlet Fever	34	42	48	108	180	34	61	23	51	61
Enteric Fever	0	0	1	0	0	0	0	0	0	0
Cerebro-Spinal Fever	0	3	2	2	1	0	0	0	0	1
Puerperal Pyrexia .	5	3	3	2	3	1	2	1	3	0
Poliomyelitis	1	0	1	0	1	0	0	0	1	0
Encephalitis Lethargica	0	0	0	0	0	0	0	0	0	0
Pulmonary Tuberculosis	15	25	36	29	28	28	24	34	30	35
Other Forms of Tuberculosis	11	9	9	15	5	9	7	8	7	6
Pneumonia	11	11	19	8	9	9	10	2	11	12
Opthalmia Neonatorum	0	0	1	0	0	0	0	1	1	0
Measles	5	362	42	261	118	339	272	14	437	432
Whooping Cough .	3	59	116	38	40	69	64	61	58	93
Malaria	0	0	0	0	0	0	0	1	0	0
Totals ...	158	539	316	474	405	501	457	153	602	643

